

# TRANSMITTAL FORM

	Application Number	10/698,970
	Filing Date	October 31, 2003
	First Named Inventor	Anderson, R. Rox
	Group Art Unit	3731
	Examiner Name	Woo, Julian W
	Attorney Docket No.	CDL-026C3
	Patent No.	Not applicable
	Issue Date	Not applicable

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul> <input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]</li> </ul> <input checked="" type="checkbox"/> Petition for Extension of Time  <input checked="" type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Form PTO-1449</li> <li><input checked="" type="checkbox"/> Copies of IDS Citations</li> </ul> <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)  <input type="checkbox"/> Replacement Drawing(s)  <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal  <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> CD(s) for large table or computer program  <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction  <input type="checkbox"/> Certificate of Correction  <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences  <input type="checkbox"/> Appeal Brief (in triplicate)  <input type="checkbox"/> Status Inquiry  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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**SIGNATURE BLOCK**

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